



10-29-67

RCF &
SGV
PTO/SB/30 (10-07)

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Request for Continued Examination (RCE) Transmittal		Application Number	09/916,146
Address to:		Filing Date	July 26, 2001
Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		First Named Inventor	Richard A. A. HEYLEN
		Art Unit	2137
		Examiner Name	M. Pyzocha
		Attorney Docket Number	136922003800

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. Submission required under 37 CFR 1.114		Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).	
<p>a. <input type="checkbox"/> Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.</p> <p>i. <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____</p> <p>ii. <input type="checkbox"/> Other _____</p>			
<p>b. <input checked="" type="checkbox"/> Enclosed</p> <p>i. <input checked="" type="checkbox"/> Amendment/Reply (12 pages) iii. <input type="checkbox"/> Information Disclosure Statement (IDS)</p> <p>ii. <input type="checkbox"/> Affidavit(s)/Declaration(s) iv. <input checked="" type="checkbox"/> Fee Transmittal + copy for fee processing (2 pages); Return receipt postcard</p>			
2. Miscellaneous			
<p>a. <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)</p> <p>b. <input type="checkbox"/> Other _____</p>			
3. Fees			
<p>The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.</p> <p>a. <input checked="" type="checkbox"/> The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments to Deposit Account No. <u>03-1952</u>. I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.</p>			
<p>i. <input checked="" type="checkbox"/> RCE fee required under 37 CFR 1.17(e)</p> <p>ii. <input type="checkbox"/> Extension of time fee (37 CFR 1.136 and 1.17)</p> <p>iii. <input type="checkbox"/> Other _____</p>			
<p>b. <input type="checkbox"/> Check in the amount of \$ _____ enclosed</p> <p>c. <input type="checkbox"/> Payment by credit card (Form PTO-2038 enclosed)</p>			

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED			
Signature	<u>Norman R. Klivans</u>	Date	October 25, 2007
Name (Print/Type)	Norman R. Klivans	Registration No.	33,003

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 456359223US, on the date shown below in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: October 25, 2007

Signature:

Isaac Medrano
(Isaac Medrano)

OCT 25 2007
 OCT 25 2007
 PATENT & TRADEMARK OFFICE
 14-388

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2008

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 810.00)

Complete if Known

Application Number	09/916,146
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First Named Inventor	Richard A. A. HEYLEN
Examiner Name	M. Pyzocha
Art Unit	2137
Attorney Docket No.	136922003800

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	310	155	510	255	210	105	0.00
Design	210	105	100	50	130	65	0.00
Plant	210	105	310	155	160	80	0.00
Reissue	310	155	510	255	620	310	0.00
Provisional	210	105	0	0	0	0	0.00

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
18	- 20 = 0	x 50.00	= 0.00	<u>Fee (\$)</u> <u>Fee Paid (\$)</u>
HP = highest number of total claims paid for, if greater than 20.				370.00 0.00

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
2	- 3 = 0	x 210.00	= 0.00

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/50 = 0	(round up to a whole number) x	260.00	= 0.00

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ... 810.00)

SUBMITTED BY					
Signature	<i>Norman R. Klivans</i>	Registration No. (Attorney/Agent)	33,003	Telephone	(650) 813-5850
Name (Print/Type)	Norman R. Klivans		Date	October 25, 2007	

Client Reference: 204